

MEDICATION RELEASE FOR FAMILY/GUARDIAN

I have read the drug interaction sheet.

I understand the reaction and/or side effects that my son/daughter, brother/sister may have with the medications.

I also understand that it is my responsibility to give medications to my son/daughter, sister/brother at the right prescribed time.

I also understand I need to fill out the MAR sheet after I administer each medication.

X

Guardian/Parent/Family

X

Date

X

Witness

X

Date

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